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CLIENT-CENTERED PSYCHOTHERAPY AND CHRISTIAN DOCTRINE

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IT is a commonplace that in recent decades the clergy generally have shown a growing interest both in personality maladjustment and in the techniques of counseling. This development has gone along with the increasing public concern over the broad problem of mental ill-health. The clergy have always been counselors, but it is only in recent years that they have turned more and more to psychology and psychiatry in an attempt to be of greater help to their parishioners and to those others of the general public who, in time of trouble, seek spiritual aid. The spiritually effective clergyman today readily acknowledges the debt he owes to the insights and aids which psychology and psychiatry have given to him.

The *rapport* between religion and psychology has not been established, however, without some misgivings on both sides. So far as the clergy are concerned, many have been troubled by some of the implications arising from their reliance upon psychological knowledge and techniques. For one thing, the secular assumptions regarding the nature of man which appear to undergird so much modern psychology and psychiatry have bothered many clergymen. While they have gladly learned and adapted to their counseling needs much that professional psychologists and psychiatrists have discovered, taught, and applied, it has seemed to

74323

many religious therapists that basically much modern psychological theory and practice is rooted in theories of human nature and human destiny in varying degrees inconsistent with the Christian revelation. Another item which has prevented the clergy from being able to appropriate much from psychiatry and psychology lies in the professional differentiations involved. The psychiatrist is a medical specialist, the psychologist is also a highly trained specialist, and both are trained, in general, within certain relatively restricted fields both of theory and practice which are similar to but far from identical with those of the clergyman. Yet the clergyman must deal with large numbers of people who need counseling of a sort much broader than traditional spiritual advice. For these reasons, if for none other, the modern clergyman will welcome a type of psychotherapy whose basic assumptions are compatible with a religious view of the nature and destiny of man, and whose techniques may be readily learned and effectively applied without the necessity of a medical background or a rigid psychological training.

In the newer techniques of client-centered psychotherapy the clergyman has available a method which can prove of immense significance and genuine practical benefit in his work. This is not to say that client-centered psychotherapy is a non-scientific technique or that it disregards the contributions of medical psychiatry. On the contrary, client-centered therapy readily acknowledges the importance of all that is now being done by the psychiatrist, the psychologist, and the traditional psychotherapist. Moreover, client-centered psychotherapy is insisting upon the development of the most careful scientific evaluations of its work. Yet, in the client-centered method there is being evolved the sort of therapy which, once its basic hypotheses are understood and applied, seems particularly congenial to the over-all frame of reference and special training of the educated and conscientious clergyman.

Client-centered psychotherapy (sometimes called non-directive psychotherapy) is a method of personality adjustment originated and developed by Carl R. Rogers and his associates. As the name implies, the outstanding characteristic of this method is that it is from first to last *client* centered.

The therapeutic object is not to do something for the client but to provide the atmosphere in which the client can do something for himself; it is to help the person to know and understand himself; it is not to cure him of an illness but to help him to grow into health. The goals of client-centered counseling are chosen by the client, not by the counselor; it is the sole business of the counselor to provide the most favorable environment in which this client-centered determination of objectives and attitudes can take place. In this method diagnosis and client evaluation by the counselor are rejected. In their place is deep understanding of the client's expressed ideas and attitudes. Similarly with technique, client-centered psychotherapy emphasizes counselor attitudes rather than counselor mechanics. It is recognized that the client himself has

the capacity to solve his problems. The major task of the counselor, then, is to provide a highly permissive atmosphere in which it is possible for the client to achieve growth and thus to realize adjustment.

Particular advantages of the non-directive approach are these: The emphasis is placed upon counselor training and experience rather than upon diagnostic skill and knowledge. The method, in the hands of a counselor who understands and accepts its principles, can be used successfully in dealing with a wide variety of personal and group problems. It works with the neurotic and with the normal, with the educated and the unsophisticated, with both chronic and acute cases. The method is rewarding in connection with those problems where the client appears to be concerned more about doing something about someone else's problem, for, even if it is impossible to bring in those others for counseling, much can be done for the client.

In the larger sphere of social affairs the client-centered method is the most congenial to our democratic ideals and aspirations. It lodges the responsibility for growth in the client; it recognizes his independence; it accords to him the privilege of directing his life toward goals of his own selection without praise or censure from the counselor; it recognizes the absolutely voluntary participation of the client; it stands for the utmost respect of the person of the client whoever he may be or choose to become; it assumes the virtues of tolerance and mutual understanding; and it rests its case in a faith in the client's capacity and ability to accept and exercise conscious self-responsibility. For all who have a deep faith in the essential meanings of democracy, the demonstration of their effectiveness in the realm of personality adjustment is a welcome and inspiring illustration.

Client-centered counseling is not a philosophy, yet since it deals with human ideas, attitudes, aspirations, frustrations, goals, ideals, and values it is necessarily rooted in pre-suppositions which are philosophical in nature. The counselor is not a disembodied physical element and the client is not a chemical mixture in a test-tube. Although, in client-centered therapy, the counselor puts aside his own values he nonetheless cannot deny the things which are a part of him as a person, any more than the client can be artificially abstracted from all that he has been and is. The counseling relationship, for all its scientific orientation, is colored by philosophical pre-suppositions.

These philosophical assumptions may be stated thus: the client is a unique personality, capable of growth and responsible self-determination; the basic unity of personality is recognized while its inter-dependence in social relations is equally acknowledged; respect for the client's personality is granted, not as a technical fiction, but arises from a deep philosophical principle; the individual has both the right and the capacity for self-understanding, self-evaluation, and self-development.

In line with these fundamental pre-suppositions the counselor will see that the interview situation is arranged to create the highly permis-

sive atmosphere necessary. The self-responsibility of the client at all times will be the first consideration. From the opening remarks the counselor will permit the client to take the lead; he will refrain from all expressions of praise or blame; and he will so conduct himself both in manner and word that the client will be given the maximum opportunity to explore, without defensiveness or embarrassment, his problems and emotionalized attitudes.

The counselor will accept all feelings expressed whether positive, negative, or ambivalent, including feelings of dependence or aggression. He will reflect these feelings back to the client in such manner as will assist the client not only to hear the words but to appreciate their feeling content and to accept them as part of his own perceptual field. In all this, however, the counselor is not deliberately trying to "sell" the client back again what he has expressed. The counselor reflects the essential ideas and attitudes expressed not for any counselor purpose, but in order that the client may deal with these ideas and attitudes consciously and self-responsibly. Interpretation will be reduced to a minimum, for it is up to the client to make his own interpretations. Clarification will be somewhat more prominent in the counselor activity but the counselor must be careful to see that his verbal and attitudinal reflections to the client are really clarification and not direction.

The difficulties of utilizing the client-centered approach in any area where even the suggestion of authoritarianism is involved have been long recognized. Yet the question arises that if client-centered therapy is a valid technique then it has significant implications for all areas of living, and not least for religion. Religion is not alone concerned with a particular view of the universe, of nature, of man, and of human destiny; it is also deeply involved in releasing the individual for the fullest growth possible. There are many elements of non-directive counseling which are of immediate interest to the pastoral counselor.

That the traditional forms of pastoral counseling are unsatisfactory is becoming increasingly clear. For one thing, a considerable number of Christians with problems do not bring them to the clergy because they feel that the clergy are insufficiently equipped to deal with them effectively, or because they think the clergy are too far removed from the realities of daily experience, or because they are afraid the clergy's advice will be so idealistic and moralistic as to be impossible of fulfilment. Those who do seek clerical advice are likely to be the overly dependent people and those suffering from anxiety neuroses; these folk find in the clergyman an easily available emotional prop whose ready accessibility is at least a compensation for their failure to find a cure. Does client-centered counseling offer a valid and effective means of transforming the pastoral counselor into a dynamic agent in personality adjustment within the parochial organization? How does client-centered therapy agree with basic concepts of Christian doctrine regarding the nature of man?

It is a basic concept of Christianity that the universe is trustworthy

and friendly. Such a concept is a natural development of the doctrine of God. The pastoral counselor finds in the client-centered approach a basic pre-supposition of great supportive value. Since man does need to feel at home in the universe and since this at-home-ness is an element in personality adjustment, the pastoral counselor will see in Christianity an important base for the use of a technique which assumes that life is essentially trustworthy.

Christian belief about suffering is also seen to tie in well with the approach toward suffering which is implicit in client-centered therapy. Suffering sometimes disrupts personality organization; it may also disrupt a man's faith in the trustworthiness of the universe. When the parishioner approaches the priest with his problems the pastoral counselor recognizes that the client has come because he is suffering, i.e. because the pain of not coming to the priest is greater than the pain of coming to him. The approach of client-centered pastoral therapy is directed toward reestablishing the client's sense of the trustworthiness of the world in general by accepting the client as he is, and through implicit belief in the capacity of the client to solve his problems if the proper atmosphere be provided. Furthermore, Christianity recognizes that suffering is not merely a destructive emotion, but that it can be a means of growth. Theology regards the perverted human will as the source of much, if not most, human suffering, and the particular therapeutic atmosphere of client-centered therapy offers special opportunity for the individual both to realize for himself this truth and initiate in himself the purification of the will by which alone adjustment to new goals can be achieved. The Christian teaching that suffering can be turned into joy, sin forgiven, and redemption attained, greatly fortifies the attitude of the pastoral counselor in undertaking parishioner-centered therapy.

To say that the pastoral counselor will think beyond the secular therapist is not to set up a conflict between them. The secular therapist is content to abide by his philosophical pre-suppositions as made manifest in the basic hypothesis of client-centered therapy. The pastoral counselor will not deny the hypothesis; he will simply take the position that the hypothesis is a natural expression, *in part*, of the deeper Christian insight into reality. How this is so may be made evident from a brief consideration of some Christian doctrines which have a direct bearing upon the therapeutic relationship.

Christian Doctrine and Personality

Christianity might well be called a religion of Personality, for it is rooted not only in a recognition of man's personality but also in the Personality of God. From these basic assumptions flow the most constructive forces of religion both into the individual and into the social order. Christian doctrine declares that man not only *has* personality but *is* personality; that his personality is created in the likeness of God; that

he has free will and that, despite the dilution of this will by his inherited tendency to choose the wrong in preference to the right, he has, within broad limits, the control of his destiny; that the redemption which is needed because of his sin has been provided through the incarnation, death, resurrection, and ascension of Jesus Christ; and that provided, by an act of his own free will, man accepts the way of life God wills for all his creatures then he is assured of a personal union with God which, beginning in time, extends through eternity.

Not only is Christian doctrine rooted in the personality of God and of man, but it emphasizes the integrity and individuality of each and every human being. This integrity and individuality are eternal and not merely temporal; hence whatever serves these elements in personality will not be incompatible with what Christianity reveals relative to the nature, dignity, and destiny of man. The recognition of human individuality lies at the heart of the solution of many of the major problems of life and is inextricably interwoven in any Christian solution to social as well as personal maladjustments. Individuality, however, is not individualism. Individuality is the uniqueness of a particular human being springing from his creation by God; individualism is the direction of the self toward its own ends as ends in themselves. The ultimate end of individuality is unity; the ultimate end of individualism is atomization and disintegration. There can be no effective therapy whose aim is individualism. "He that findeth his life shall lose it: and he that loseth his life for my sake shall find it."

Christian doctrine stresses this unity. Religion denies that it is or can be concerned with only a part of a man, or a segment of society. The emphasis of the *Gestalt psychologie* upon the unity of the personality's response to the environment elicits confirmation from religion, except that Christianity will necessarily define environment in a far larger and more majestic sense than secular psychology.

Sin and Maladjustment

While sin does not occur as a concept of secular therapy, its acceptance greatly enriches the understanding of the counselor and the total meaning of the counseling situation. Christianity discerns the reality of sin, but a satisfactory definition is hard to come by. Jesus did not define sin and rarely spoke of it in the abstract — he was more concerned with illustrating specific sins. The individual and social results of sin occupy vast areas of Christian theology, both systematic and practical, and the aspect of sin which displays itself as a personal disobedience to God has been constantly and continuingly emphasized. The psychological significance of sin has been less frequently considered. Fundamentally, the psychological significance of sin lies in the determinative function whereby the individual deliberately embraces a regressive pattern of behavior while rejecting a pattern demanded by a contemplation of the enlarged perceptual field in relation to the ultimately and wholly Real.

Because the essence of sin lies in the defiance of God and the setting up of self in the place of God, sin acts to fragmentize the personality structure and center all values on the subordination of the whole to its most infinitesimal part.

The instrument of sin is the will, and the pastoral counselor will see in the client-centered approach a dynamic means of assuring the realignment of the will of the client in terms of new and more satisfying life goals. The non-directive pastoral counselor is forewarned against the artificial barrier which the directive counselor is apt to place around the client's free will, for the directive counselor commonly slips so easily from the *should* through the *ought* to the *must* that the client's expressed decision is not, in reality, his own decision at all. The pastoral counselor is supposed to know that no one — not even God — can really control the will of a man save that man himself. Consequently, the Christian doctrine of sin proves itself to be a supportive assumption for client-centered therapy.

Original Sin

The problems raised by the doctrine of original sin (or, better, original moral defect) do not enter directly into counseling, yet the pastoral counselor, because of his theological orientation, should be in a better position to move deeply into the moral problems of those whom he counsels. The pastoral counselor will be careful not to utilize the doctrine of original sin as an instrument of imputing guilt to the client. Indeed, the most serious objection to the original sin doctrine lies in its close affinity to a physical and spiritual determinism which is alien to the real genius of the Christian religion. It is not the function of the counselor, as counselor, to pass moral judgments, and, indeed, the very confusing of original sin with original guilt is a theological over-refinement which should be rejected. The fact that all human beings have, for reasons far from clear, inherited a tendency to make moral evil their own does not warrant the assumption that man is *guilty* of the inherited tendency, but only accountable for what he does with the tendency. After all, the tendency has been used by many to overcome evil and achieve sainthood. Client-centered pastoral counseling, with its recognition of the dignity and freedom of the individual, as well as its belief in the capacity of the client to grow, seems particularly well adapted to a type of spiritual therapy which can deal effectively with the facts of sin without involving the counselor in activity which might agree well enough with a specific theory of the origin of sin but would serve, to that very extent, in relieving the client of the personal and individual responsibility which is his.

Special Doctrinal Concepts and Therapy

There are some special doctrinal concepts which serve to enrich both the approach to and the experience of counseling which are of interest to the pastoral counselor:

(1) The doctrine of *providence* testifies to the care whereby God brings all created things into the service of his spiritual purpose. So far as man is concerned God's providence sustains his life and all men share in the results of God's providential guidance of the natural order. Yet man, by virtue of his free will, has the power to limit the degree to which providence can operate in his life. In a sense therapy is a means whereby the individual permits a larger area of God's providence to enter his life.

(2) *Faith* is the necessary corollary of reason. Science, as much as religion, is rooted in faith. Religion does not differ from science in that the former is based on faith while the latter is not, but rather in the fact that the objects of faith in the two instances are of a different order. The major difference between religion and science is on the evidential level. Client-centered psychotherapy is erected on a basic act of faith—faith in the ability of the individual to be a complete, integrated, self-respecting, responsibly self-directive person by virtue of his capacity to grow. The Christian emphasis upon the right relation between faith and works finds an agreeable echo in the client-centered therapist's recognition that healing and adjustment occur in the personality not alone as the result of a new attitude toward self and life but also as this new attitude is linked to new life goals and expressed in new and more satisfying experiences. It is not enough to show the client where he is wrong and how he may be right; the only satisfying way is to have the client link his own new-found faith to the works he needs must do as the result of his new adjustment to life.

(3) *Grace* is the kindly power of God made available to man through the operation of the Holy Spirit. Theologians distinguish between *actual* grace, which is the kindly power of God made available to the individual in a moment of stress or crisis, and *habitual* grace which is the kindly power of God received through the sacraments of the Church. The power which enables the parishioner to grow during the counseling process is *actual* grace; the power which fortifies his growth through participation in the sacramental life of the Christian community is *habitual* grace. The differentiation of grace into its manifestations on the time level — prevenient, concomittant, and subsequent — accords with the observed facts of therapy. To translate the experience into religious terms, the client is led to seek counseling by prevenient grace, he is enabled to will to readjust himself and select new life goals by concomittant grace, and he is sustained in the "new life" by subsequent grace. The power to grow during therapy is not, of course, restricted to those who have accepted Christian doctrine. The Holy Spirit resides in all men for he is God-in-man, and he prompts toward righteousness even those who deny him. From the vantage point of the pastoral counselor, therapy may be described as that process of growth, initiated by the Holy Spirit, whereby the individual is brought into closer harmony with ultimate reality. In other words, the healing power of the Holy Spirit made manifest in pastoral therapy is but another expression of the beauty, truth, and goodness of which he is the source.

(4) *Free will* is the power of man to control his decisions. Client-centered therapy agrees well with the Christian doctrine of free will, for this therapy rests securely in the premise that the client has not only the capacity but the power to control his consciously achieved decisions. Theologians have always been careful to remind us that the doctrine of free will involves not only a choice between alternatives but also the absence of constraint. The client-centered therapist will appreciate the special significance of the absence of constraint for his technique is dedicated to a rigid respect for the capacity and the right of the client to make his own decisions without even the color of duress.

(5) Technically *salvation* is the deliverance of the soul for the *power* of sin and the ego's consequent reconciliation with God (*justification*). The reconciled and justified soul proceeds to express itself in a new and higher level of existence called *sanctification*. Without doing violence to the theological technicalities it may be said that salvation is both a major aim of the religious life and the specific goal of religious therapy. Salvation — the life of sanctification — is, in effect, the spiritual wholeness of the individual, and unless the person is spiritually whole he is not whole at all. Psychologically, salvation may be described as an advanced growth experience expressed in personal integration, social adjustment, and spiritual at-one-ness with God and his universe.

(6) *Conversion* is a conscious turning of the soul God-wards. The experience involves a definite, spontaneous, and sometimes sudden realignment of beliefs, attitudes, loyalties, life goals, and self-concepts. Its appearance is characterized by emotional release, insight, and the will to achieve new and consciously accepted, spiritually-approved goals. Successful psychotherapy and conversion are often indistinguishable and when the result is demonstrably spiritual they may be regarded for practical purposes as identical. Client-centered therapy is particularly congenial to the pastoral counselor because the conversion phenomenon is based securely in a self-initiated and self-responsible action on the part, not of the therapist (pastor), but of the client (sinner).

(7) *Regeneration* is the new life of grace (or, better, new life *in* grace) which usually follows conversion and which is applied, theologically, particularly to the grace conveyed in baptism. It is significant to observe that the grace inherent in regeneration is a subconscious power and is thought of as flowing into the soul without the direct apprehension of consciousness. The doctrine has value in a larger view of personality in the therapeutic relationship in that it symbolizes the power for growth which floods into those subliminal areas of personality which are not within the focus of awareness. The pastoral counselor may, perhaps, recognize aspects of regenerative grace in the enlarging of the field of consciousness which commonly attends the therapeutic process. If we can adapt our concept to embrace both conversion and regeneration we may say that the dual experience represents the process of personality transformation whereby old goals are rejected and new ones accepted

against the background of an enlarged and better understood perceptual field. "To be born again" is a significant and adequate description of what happens in successful therapy.

(8) *Repentance* is the self-initiated changing of one's mental orientation consequent to the enlargement of his perceptual field. In other words, repentance is not mere sorrow for sin, but a turning of the ego toward the accomplishment of the will of God. With the awareness of a new and larger perceptual field the client cannot avoid making value judgments in relation to the figures in this field. He sees himself and the constituents of his perceptual field in a new light and, in the course of therapy, he comes to the point where there is a desire to reject concepts of self, attitudes toward others, and goals of behavior which are now seen to be undesirable or unworthy. The spiritual concomittant of this realization is repentance. Essentially, repentance is sorrow for concepts, attitudes, and actions which in the light of new insight are seen to be unworthy. Since, however, sorrow for previously held self-concepts and behavior patterns is not in itself an integrating and healing reaction, the Christian doctrine of *forgiveness* has ever stood side by side with the teaching relative to repentance. Theologically, forgiveness is the response of God to repentance. In pastoral therapy the realization and *acceptance* of forgiveness, following repentance, is recognized as an essential element in the restructuring of personality. Non-directive therapy is well adapted to accord a place both to repentance and forgiveness, even though the secular therapist does not find room in his vocabulary for the doctrinal terms. Nevertheless, in no therapy will the client make progress if he becomes arrested at the point where he recognizes the unsatisfactoriness or unworthiness of his previous self-concept and behavior — he needs also a sense of reconciliation with the total environment, which is the essential meaning of the Christian doctrine of forgiveness.

(9) Christian doctrine emphasizes *love* as the motive for obedience to God's will and as the heart of Christian ethics. God is love and the Kingdom which Jesus established is the fellowship of believers who have accepted love as the animating spirit in their lives. Obviously, there are various levels of love below that of the Christian concept, but the secular client-centered therapist's emphasis upon the integrity and self-determination of the client accords well with that benevolent type of love which, while less than Christian love, is certainly not incompatible with it. Similarly, the client-centered therapist's recognition of "warmth" as an essential component of the therapist's attitude toward the client is at least a foreshadowing of the sacrificial love which Christian doctrine regards as the highest expression of this complex psycho-spiritual experience.

From this consideration of some basic Christian doctrines which are related to psychotherapy, it will be evident that there is nothing in client-centered therapy which nullifies or challenges essential Christian

teaching. This is not to claim that client-centered therapy is a Christian technique or that it is based — whether it knows it or not — in fully Christian assumptions. Still, it remains true that in assumptions, hypotheses, and techniques the client-centered approach to problems of personality maladjustment are more closely in accord with Christian doctrine than others. For this reason it is to be hoped that the client-centered approach will be both studied and applied increasingly in the area of pastoral counseling. Perhaps it is not too much to hope that in this new technique we have one method of bringing about that sound *rapprochement* between science and religion which is so evidently needed both to solve the urgent problems of today's living and to make life on this planet more richly satisfying to mankind. It may also be pointed out that just as Christianity is a way of life to be lived and not a proposition to be argued instead of lived, so client-centered therapy is a method of counseling which can be proved only as it is practiced in sincere obedience to its basic hypothesis. "By their fruits ye shall know them" applies equally to therapy and to the Christian life.

PSYCHIATRIC PRACTICE AND CHRISTIAN DOGMA

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Let us be philosophical and begin at the end. The end or function of psychiatry is, by and large, to make people happy. At present, because of the limited number of practitioners, it can be used only on people who are so unhappy as to require special treatment — the age of preventive psychiatry applied generally from kindergarten on, is yet to come. The means by which it achieves its end are numerous and of recent years have become highly specialized, but they can all be described as ways of persuading the patient that what he supposed a sufficient cause for unhappiness is not, after all, so important as he thought it. Sometimes this is done by administering a severe shock, sometimes by peeling the unhappiness of layer after layer of association — as one peels an onion, not without tears — until the core of it is revealed as something very small indeed, sometimes by persuading the patient to develop other interests in the surrounding world and so allow his sorrow to be pushed aside; these differences of technique should not disguise the basic identity of the means as well as of the end. Nor should those be disguised by the fact that sometimes the patients of the psychiatrist are too happy — manic with glee or smiling with secret bliss. For they have resorted to such abnormal joy only to escape the unhappiness they found in normal life, and can be reconciled to normal life only, if at all, by some demonstration that it is not as bad as they thought. This, indeed, constitutes the difference between psychiatry and the cure of the body — the latter supposes that the patient has a sufficient, physical cause for unhappiness — which is, in this realm, discomfort — and seeks to remove it primarily by physical means; the psychiatrist, though he agree with his patients that they are sick and though he know that the condition of some is serious, believes in the end that things are not so bad as the patient subconsciously thinks they are and that, if only the patient can be led to realize the infantile basis of his fear or the comparative unimportance of his deformity or the unnecessary nature of the goals he has set himself, if only he can be led to adopt the standards used by ordinary people, he too will find the world a reasonably happy place. It would be unfair to sum up the psychiatric creed as saying, "The self-satisfied are saved," but it would be unfair chiefly because of the external influence exerted on psychiatry by the standards of our society: it is primarily the demand of society which has

made the profession so critical of the socially unacceptable forms of self-satisfaction (mania and some forms of schizophrenia) and has led it to expose the instability which lies at their roots. The instability which lies at the roots of highly successful careers is noted only when such careers end in the psychopathic ward. Otherwise the "individual," if happy in his success, has "made an unusually adequate adjustment," so that it is *not* unfair to sum up the psychiatric creed with the words, "Those both self-satisfied and socially acceptable are saved."

I have used the word "saved" here, rather than "adequately adjusted," not only because I prefer old jargons to new, nor wholly because the application of religious terminology to psychiatry carries with it something of that patronizing tone with which psychiatrists usually speak of religion, but more especially because its incongruence with the context serves to point out the difference between the end of psychiatry and that of Christianity. Of course, 'Christianity' like 'psychiatry' is a blanket term, but both admit of *a posteriori* definition by historical means, and I shall try to use them as so defined. I should not, for example, call Christian Science a species of psychiatry (though it attempts to make people happier by persuading them that their supposed troubles are comparatively unimportant, and though in details of practice and product it sometimes resembles psychiatry); it does not, historically, belong to that movement to which the term 'psychiatry' is normally applied. Similarly, in speaking of Christianity I shall not attempt to find statements which will hold for all of the peripheral sects to which the movement has, in the course of nineteen-hundred years, given rise. Historically speaking the term 'Christianity' refers *a posteriori* to the Orthodox Church and the various national Churches which have broken away from it in the East, to the Roman Catholic Church and to the major denominations which broke from it or from each other. All these groups have, with minor variations, a common statement of faith — the Nicene Creed — a common sacred literature — the Old and New Testaments — a common devotional practice — centering about Baptism and Communion — and a common code of morals — expressed most adequately not in the Gospels, but in the Epistles of St. Paul. Statements about Christianity should therefore be, primarily, statements about these common characteristics, and provided they are true to these it will be no objection that they do not hold for certain sects or that important ecclesiastics in one or another of the major groups have occasionally denied them: the diverging sects can lay claim to the term 'Christian' only insofar as they retain the characteristics of Christianity, and ecclesiastics who do not believe the teachings of their Church should have the decency to leave it. Similarly, statements true to the characteristics of the major branches of the movement will not be liable to contradiction by appeal to minor details of the same. It is, for example, a serious mistake, in attempting to decide what is 'Christian', to rely on one or two texts of the Gospels against the consistent teaching of the

major organizations.[1] The Gospels recommend that the ideal Christian should hate his father and mother (Lk. 14.26) and castrate himself (Mat. 19.12)[2], but in spite of such recommendation these practices have never been generally accepted as Christian, and the meaning of the Gospels has been determined, for the Protestants no less than for the Catholics, by the general consensus of opinion. Anyone, therefore, who departs from the interpretation set by that general consensus, and relies on his own interpretation of individual texts, is departing from normative Christianity to devise a more-or-less novel religion of his own. Whether the religion he devises be better or worse than Christianity is not here in question, the point here is that, anyhow, it must be different, and that no general statements about Christianity need hold for such individual variants, just as no general statements about psychiatry need hold for all sorts of faith-healing.

Christianity thus defined, it is obvious that the end of Christianity is quite different from that of psychiatry. That of psychiatry, we saw, was to make people happy, that of Christianity is to make them Christians, to unite them with Christ in His Body, the Church. It is doubtless a teaching of Christianity that only by such union can man attain true and eternal happiness, and that in measure as such union is realized in this life forestates of such happiness are already perceived. But such 'true and eternal' happiness is sharply distinguished from what this world calls happiness, which is declared false and transitory; and while the greater saints may occasionally enjoy glimpses of the bliss to come — and while most Christians manage to live reasonably contented lives — it is the consistent teaching of Christianity, as it was the experience of St. Paul, that we have not yet attained (Philip. 3.12 f), that while alive we are given over to death in order that hereafter we may attain glory (2 Cor. 4.11, 17), that now we see through a glass darkly, and only after death shall we see face to face. (1 Cor. 13.12). Meanwhile, the wicked flourish like the green bay tree (Ps. 37.35); they live, become old and are mighty in power; their houses are safe from fear, neither is the hand of God upon them (Job 21.7, 9) — this, too, has been the consistent teaching of Christianity. Indeed it has been possible for Christians to remain orthodox while teaching that this world is wholly given over to the power of evil and that the only satisfactory form of adjustment to it is hostility. This transference of personal emotions to the social order is nowadays more frequent in those philosophies which represent our laws and standards as expressing the ideals and ambitions of the bourgeoisie and therefore to be overthrown. It appears also in those interpretations of psychiatry which represent criminal law and the fine arts as the re-

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[1] A similar mistake was made in *The Journal of Pastoral Care*, v. 2, no. 3, p. 20, by Dr. W. B. Terhune, who appealed from the practice of the Church to 'Christ's teachings'.

[2] The efforts to explain away these passages as 'oriental rhetoric' or 'Aramaisms' are apologetic devices.

pressive and substitutionary devices of the super-ego.[3] And Christianity, like Marxianism and Freudianism, has generally rejected such extreme interpretations and has accepted a good many of the standards of the polite world. But its acceptance has by no means been complete. It has consistently maintained that the good life is not any life which leads to happiness in this world, but only that life in which union with Christ is achieved and progressively realized. It has taught that the realization of this union requires the observation of a moral code. And it has universally taught that those who refuse to observe this code, though they may here live and die happy, will, after death, be dreadfully undeceived, will eventually be reunited with their bodies and will bodily go into Hell, which has generally been described as eternal torment.

These teachings, which have been characteristic of all major groups of Christianity at all known periods of its existence, have determined the Christian concept of 'pastoral care'. The pastor has, first of all, to make known to the people of his town the good news about Christ and the possibility of union with Him. As this union is generally thought to be achieved by and always to be expressed in the sacraments, the pastor's second duty is to administer those. Capacity worthily to receive the sacraments and fully to realize the grace they give, depends on the recipient's willingness and honest effort to live according to the Christian moral code, therefore the third duty of the pastor is to make this code known by his teaching and to set an example of its practice in his own life. These duties are not generally separated in practice — the administration of the sacraments usually contains a good deal of teaching, and moral and soteriological teaching usually go together. Similarly, the modes of teaching vary immensely, from spiritual guidance in confession and confidential conversation to the full publicity of the sermon and the dramatic representations of the sacraments. Again, the duty of practicing as well as preaching Christianity requires the pastor to be generally friendly and helpful, and a successful pastor is therefore appealed to in many of the private affairs of his parishioners, where no moral problem is directly at issue. Finally, there have been in the history of Christianity many periods of corruption, when one or another or all of these duties have been neglected; particularly, in lands where Christianity has been long established and knowledge of it taken for granted, the public teaching of the doctrines has been slighted; but, nevertheless, these duties result directly from the content of normative Christian belief and therefore have been generally recognized from New Testament times to the present.

In the performance of these general duties the pastor will often find

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[3] Since all these theories are understandably unpopular, a good deal of attention has been given to the personal transferences on which they are allegedly based, and it has not been mentioned in the same context that personal transferences are also the bases of the more generally approved attitudes toward society.

it necessary to act in ways exactly contrary to those which a psychiatrist, in the same situation, would advise. This follows from the different ends of their professions. The psychiatrist will be content if he can turn out the patient reasonably happy and adjusted to society in some way which society finds acceptable; the pastor, on the other hand, must frequently use every effort to prevent the parishioner from resorting to some agreeable and socially acceptable adjustment which is, unfortunately, sinful, and must sometimes do all he can to secure a course of action which will probably lead to a long period — if not an entire life — of unhappiness. For example:

I.

An elderly woman, who supports herself by keeping a boarding house, says the doctor has told her she is about to lose the sight of her weaker eye, and will probably lose that of the other within several years. She therefore wishes to remarry. After a marriage of indubitable validity she has divorced her husband, in the civil courts, for alcoholism and adultery. Prior to divorce she, however, also committed adultery and has continued to do so since. The man with whom she has had relations is a decent, quiet bachelor, five years her senior, who has long given her help about the house and showed himself considerate in other ways. She thinks he is sincerely fond of her, knows he would marry her at present, and thinks she had better take advantage of the opportunity so as to have him tied down before the progress of her infirmity, and consequently of her need of help, becomes obvious. Unfortunately, her previous husband is still living. She must therefore be told that remarriage would add to the sin of adultery the even greater sin of open defiance of the laws of the Church, and every effort must be made to impress on her the sinfulness of adultery, although, should she give it up, she would probably have to give up her boarding house also and try to find some accommodation in a public home.

II.

A young man has been attracted to the parish, evidently by the music and ritual of the services. Gradually he becomes a regular attendant, makes himself helpful in parish activities, shows, even, some interest in doctrine and devotional literature. Then, one day, he brings the conversation around to homosexuality. He doesn't see that if two adult males enjoy each other sexually, any harm is done to anybody. As for adult-adolescent relationships, one of his closest friends (i.e., he himself) is homosexual and he says the friendships he formed during adolescence are among those he has found most helpful. He doesn't seem to be unstable, keeps his job, gets on well in society, has lots of normal friends, and seems generally happy. And, after all, homosexuality has been characteristic of some of the greatest men— Plato and Shakespeare, etc. He must be told that homosexuality is a sin far more serious than fornication, and that unwillingness or inability to repent of it automatically debars the sinner from the sacraments. Whether or not psychological or social arguments against homosexuality are used, it must be made clear that the sinfulness of a sin is not a matter for dispute nor for private judgment, but is established by the Christian tradition which

individuals can only accept or reject. Finally, for the good of the congregation no less than for this own good, he must sooner or later be made to choose between his new attachment to the Church and his previous sexual adjustment, even though there be great probability that he will find no other adjustment so satisfactory.

III.

An adolescent girl is profoundly disturbed by her inability to resist the temptation to masturbate. She comes to confession every week and accuses herself bitterly of impurity, etc. From remarks made in confession it is evident that she is having recourse also to physical controls — cold showers, restraint of the hands, and the like. Moreover, she is very reluctant to speak of the matter to anyone outside the confessional. Suggestions, made in the confessional, that she might be helped by talks later are received politely and not acted on. The confessional is no place for psychiatric analysis, therefore no considerable effort can be made there to get at the cause of her abnormal virtue. Under no circumstances may anything be said which would suggest to her that masturbation is not sinful, or is, as a sin, unimportant. All her efforts to avoid it — so long as they are not clearly physically harmful — and her frequent use of the confessional must, since she has sufficient matter, be approved. It would be a sin to send her to anyone who would, in any way, belittle the sinfulness of masturbation or persuade her "not to worry about it." To other persons she may be sent, but only by recommendation, not by order, for nothing which involves revelation of material confessed can be laid on the penitent as a duty. Her abhorrence of impurity is a form of virtue and must be treated as such, whatever its psychological bases or probable consequences. And, of course, the confessor may never, by any of his actions outside the confessional, indicate either to her or to any one else any knowledge which he has gained from confessions.

Such cases as these — and they are legion — suggest, I think, the difference between the duty of the pastor and the policy of the psychiatrist. In general terms: it is the duty of the pastor not only to suggest, but to state, definitely and unmistakably, the moral judgments which form part of the Christian tradition;[4] whereas it is the policy of the psychiatrist to encourage the individual in forming his own moral judgments, and to interfere only when it is necessary to bring these into accord with one another or with the demands of society. The members of the congregation must be told clearly that certain acts — getting drunk, for instance — are almost always sins. Whether or not these acts are fashionable in the pastor's neighborhood, whether or not the members of his congregation will profit by his warning, makes no difference. Simply as a Christian, and above all as a minister of the Gospel, it is his duty to warn those in his charge of the sinful nature of those acts which Christianity has always considered sins.

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[4] This duty was ignored by Rev. H. W. Yoder in his article in *The Journal of Pastoral Care*, vol. 2, no. 3.

Similarly, it is the duty of the pastor to make clear to the members of his congregation the Christian view of the world, and especially Christian eschatology. The fact that Hell is unpopular does not justify us in allowing others to be ignorant of the universal Christian doctrine stating its existence and wide range of usefulness. Eschatology — which includes resurrection and judgment as well as final destination — is of particular importance in ministering to the dying — and all men are dying, only some do it faster than others. A recent article in this journal[5] told a story of a doctor who compared his own idea of the future life to the idea of a house possessed by a dog shut out of it, who knew only that his master was inside. In contrast to such simple similies, Christianity, as taught at all times by all major Christian bodies, provides a comparatively detailed and definite picture: The Creed specifies that the bodies of the dead shall be raised, that Christ shall come again in power and great glory to judge both the quick and the dead, and that some, at least, shall receive life everlasting. Any Christian minister, therefore, who is asked about the future life, is bound to mention these points — and especially judgment — in his reply. Such a reply may not contribute much to the happiness of the dying, but the happiness of the dying is the concern of the psychiatrist, whereas the concern of the pastor is primarily the happiness of the dead.

In a word, Christianity always has been, is by nature, and therefore — so long as it is true to its nature and history — always will be an authoritarian religion, preaching a way of salvation (implying a moral code) which it claims to have received by revelation from God and which it denies that man could have discovered for himself. Now, as was remarked in a previous article in this journal,[6] "The history of religion indicates that whenever the Church assumes authority and power which men are unwilling to give it, then such authority perishes." From this it follows that the constant growth, through the past nineteen centuries, of the authority and power of the Church, and especially of the Roman Catholic Church, is an indication that men have accepted its authority willingly, from a realization of their own instability, and that its authoritarian attitude is no less wise psychologically than it is dogmatically helpful to many believers should not mislead us, as it misled the author of the above quotation, into an identification of the purpose of the Christian religion with that of psychiatry.[7] Psychiatry is a branch of medicine which, like most branches of medicine, is devoted primarily to the correction and secondarily to the prevention of conditions which are, by the standards of our society, "unhealthy;" the conditions with

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[5] *Ministering to the Dying*, by Rev. R. Fairbanks, vol. 2, no. 3.

[6] *Religion and Psychiatry*, by Dr. W. B. Terhune, in *The Journal of Pastoral Care*, vol. 2, no. 3, p. 20.

[7] *Ibid.*, p. 15. Dr. Terhune's statement of this common purpose ("To achieve the oneness of man with the universe") is particularly unhappy. Christianity attempts to unite men with Jesus. Jesus is not the universe; the universe is one of His creations which He has destined to destruction.

which psychiatry has hitherto chiefly concerned itself occur mostly in individuals, and in dealing with these the concern of the psychiatrist, like that of any other doctor, is primarily to restore them to "normal;" no doubt many psychiatrists cherish private ideals about the "deeper reintegration of the personality," and no doubt such ideals are sometimes associated with high moral standards, but these are personal peculiarities which vary from one psychiatrist to another — the concern of the profession as such is to cure the sick and the cure is believed to have been effected when the patient's behaviour is socially acceptable, when the patient is tolerably content with himself, and when there is good reason to believe that these conditions will continue indefinitely. On the other hand, Christianity is a group of organizations, claiming supernatural origin and authority, and undertaking to save men from a future existence of eternal torment by uniting them with the incarnation of God. Such union these organizations with remarkable unanimity declare and have always declared to require willing submission to a rather ascetic moral code, and they are all agreed that the observance of this code is more important for the individual than his happiness or his health or his very life. As Newman said at the end of his *Apologia* (he was defending Roman Catholicism against charges of laxity brought by an Anglican), the Catholic Church believes it preferable that everyone in the world should perish in torment rather than that one soul should commit one venial sin. Hence it follows that while there is no general and necessary conflict between psychiatry and Christianity (for no considerable group of Christians teaches that happiness in this world, *per se*, makes salvation impossible, and no considerable group of psychiatrists has declared that all good Christians must be unhappy) yet it is necessary that particular conflicts should arise whenever the psychiatrist's concern for the patient's immediate happiness runs counter to the pastor's concern for the parishioner's eternal salvation.

From this summary of the points already made it is possible to determine the proper place of psychiatry in pastoral care: It is a tool, but a tool of very great value. For intellectual means — as the effect of this paper would doubtless demonstrate — while useful to clarify opinions, are of little help in changing them. Conversion to Christianity is doubtless a matter of grace, but psychiatry can teach the pastor a great deal about that management of the emotions by which men can be brought to submit themselves to the action of grace. There is an excellent study of this function of psychiatry in the recent Roman Catholic symposium, *Making Converts*. And the pastor will find psychiatric training no less helpful in dealing with men who have been converted, or who have grown up in the Church, and who must be led little by little along the path of Christian practice towards a fuller realization of what Christianity implies. Finally there are in every parish some abnormal persons who require special handling, and in every life some moments of extreme emotional strain, and a pastor who has some knowledge of psychiatry is apt to attain happier results in his en-

counters with these than one who has not. But both in pastoral care and in papers dealing with it must always be made clear the fact that psychiatry is, for the pastor, only a tool. The purposes for which he may use it are dictated not by it but by Christianity, and may sometimes be quite contrary to the purposes proposed by the medical profession. Careful observance of this fact should be a *sine qua non* of articles on the use of psychiatry in pastoral care, for those in which it is neglected and in which a surreptitious effort is made to substitute the purposes of psychiatry for those of Christianity and to suggest that the pastor is only a sort of amateur psychiatrist whose principal function is to help his parishoners attain, by their own standards, mental comfort — such articles will be of interest only to those of the clergy who have never known or have ceased to believe the teachings of Christianity and who, casting about after some substitute for the peace that passeth understanding, have hit on peace of mind.

At the heart of Christianity there is, indeed, peace, but a supernatural peace which is at war with the fallen nature of humanity, and with the corrupt society which is the expression of that fallen nature. So St. John makes Jesus say, at the conclusion of his last discourse to his disciples, 'I have told you these things that, in me, you may have peace. In the world you have tribulation, but take courage, I have overcome the world.' (Jn. 16.33) The same doctrine is elaborated at length by St. Paul in Romans 7 and 8, and has been taught by all branches of the Church ever since. A contemporary illustration is provided by an anecdote about an Anglican who was the founder of a monastic community: Once, while visiting America, he was cornered by an eminent denominational divine who undertook to explain to him how irrational were those superstitious corruptions of Christianity which had so long and so widely been supposed to justify monasticism. The explanation somehow failed to convince. In conclusion, therefore, the liberal said magnanimously, 'Well, I trust you have at least found peace in your religion.' 'No.' said the Christian, 'War.'

THE ROLE OF RELIGION IN THE PSYCHOSES

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RELIGIOUS experience is an important clinical phenomenon in the lives of psychotic patients. As a clinical fact, it can be observed just as any other aspect of the pathological personality may be observed. Psychiatrists often suggest to the trained minister that religious ideas and feelings occur with a remarkable frequency in the thinking and behaviour of their patients. In turn, ministers of good education and keen social concern for the mental health of their people are impressed by the nature and extent of mental disorders among their parishioners. The virtues of high religion can be easily counterfeited by the self-deceptive psychotic mind. Consequently, ministers are often confronted with grotesque caricatures of the teachings of the churches and the Bible in the attitudes of mentally ill people. Furthermore, the remarkably suggestive power of religious worship and religious instruction over the minds of the masses makes religion a potentially helpful *or* dangerous influence upon the mental health of the populace. Religion may either facilitate mental health or breed and maintain mental pathology, depending upon the mental health and methodology of the representatives of religion. No person who feels kindly toward his fellow man, much less the reflective minister who has devoted his life to the birth and nurture of Christian lives, can look upon the grotesque forms of religious life in America and say that it is all good and healthy. Rather he is impressed by the close relation between some kinds of religion and mental pathology. He feels the need for more understanding of mental illness to help him guide his people away from these vain imaginations. Conversely, the psychiatrist who has sufficient knowledge of philosophy, psychology, anthropology, and ethnology does not underestimate or cast off with a shrug of the shoulders the significance of the religious and moral consciousness of his patients. On the contrary, both reflective ministers and trained psychiatrists and medical doctors can profit from cooperative inquiry into the mental health and religious attitudes of the patients to whom both groups are often ministering simultaneously.

Careful research along the line of the role of religion in the prevention and cure of mental illness points toward the importance of the minister as a prophylactic and therapeutic agent in the lives of his people.

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Dr. Douglas M. Kelley, professor of psychiatry at the Bowman Gray School of Medicine, says: "We recognize the minister as one of the first lines of defense in the mental hygiene movement." In line with this challenging evaluation of the role of the minister, the curriculum of the Southern Baptist Theological Seminary has been expanded to include courses and procedures of both theoretical and clinical work that will equip the outgoing student to serve as an agent of mental hygiene among his people. Interpretations of religious experience are worked out in such a way that the preaching and teaching of the minister will have a healthy rather than a pathological effect upon his people.

Correspondingly, such teaching and training must be based upon sound research and first-hand clinical experience with the people who are most afflicted with mental disorders. Graduate students, in cooperation with a trained supervisor and a large number of doctors, nurses, and hospital superintendents, are working the year round on the problem of the function of religion in the causation, the formation, the therapy, and the prevention of the psychoses, the psycho-neuroses, and various psychosomatic conditions. The psychoses, however, prove the most instructive to the student because the psychotic patient presents the most exaggerated symptoms of mental illness. Here the student sees the symptoms so vividly that he is better equipped to recognize the early stages of mental disorder, to understand the environmental abuses that precipitate acute mental disturbances, and to appreciate the importance of the developmental factors in the formation of a pre-psychotic personality.

The Plans for Research

With these objectives in mind, the author, in cooperation with Dr. J. A. Mendelson, Superintendent of the Kentucky State Hospital, conducted a nine weeks' pastoral clinic at the hospital. A group of graduate students were carefully chosen to participate in the clinic, and each student was given a certain group of wards on which he was to serve as chaplain. He was required to work in close conjunction with the doctor in charge of the wards and to make verbatim written reports on his interviews with ten specially chosen patients on his wards. The author, who served as a theologically trained supervisor of the group, had three conferences each week with each student. The students were already trained to use the case history approach to the understanding of the whole life of the patient. In special instances the students paid visits to the home community of the patients in order to gain a more complete understanding of them.

In addition to the above disciplines, the students attended the diagnostic staff conferences of the doctors. They attended three lecture-seminars a week on "Types of Mental Illness" led by Dr. J. A. Mendelson and Dr. Frank W. Countryman. During the last five weeks, most of these hours with these two psychiatrists were used to discuss the psy-

chodynamic factors in the typical cases with whom the students were working at the time. The students also met each morning with the theological supervisor for an additional seminar in which each student presented his life-history studies of the patients with whom he was working. In this way each of the students became acquainted with the patients whom his fellow students were studying. In these seminars a group effort was made to determine the constitional, developmental, and precipitating factors in the illness. Much stress was laid upon the psychodynamic significance of the religious development, rituals, and ideas of the patient. The sociological significance of the religious group as an isolating factor or a socializing influence in the life of the patient was evaluated. The role of the student in the life of the patient, his function as a counselor, and the nature of his counsel with the patient were all considered.

The patients studied at this hospital came from thirty-one counties of Eastern Kentucky, an area which is renowned for the variety of religious cults abounding on every hand. They came from a culture which lays great stress upon the authority of the Bible and the prestige of the preacher. With an accurate knowledge of the Bible and a common-sense, healthy, and emotionally mature religious experience, the students could use their role as "the preacher" in the life of the patients to re-educate and socialize the patients through sustained personal counseling and the careful management of group meetings.

Regular church services in the chapel provided the workers an opportunity to interpret problems which all of the patients had in common. These problems were discussed within the framework of the sanctions upon which most of them agreed also. This led to a more social attitude on the part of many patients. Some of them would speak out during the services and express their opinion about what was being said. Emphasis upon group participation in responsive readings, choir and special music, and group readings of confessional psalms aided in the process of socialization. Any sermon was restricted to ten minutes in length and to common sense terminology in content. Informal group discussions on the wards led by the individual gave opportunities for students further to encourage very talkative patients to respect the group and more withdrawn patients to develop more social concern. The natural outgrowth of these group meetings was the establishment of a tie of identification between the patients and the leaders of the groups. This was the beginning of more carefully constructed individual relationships that were "followed up" by the student in personal counseling as time went on.

Each student, in conference with the supervisor, chose from these "follow-up" situations three patients for whom he would care more intensively and seven whom he would observe and describe in a series of progress notes. These notes were incorporated in the patients' records. The degree of religious confusion and the sense of need for a

minister's friendship were the determining factors as to whether or not the student would work intensively with the patient. The physical findings were carefully considered in conjunction with the continued advice of the patient's physician. The psychiatrists decided as to the real cause of the patient's mental symptoms and advised the theological students as to the advisability of spending their time with a given patient in a pastoral role.

The Results of the Research

Such was the plan for research. The group made a rather careful study of seventy-four patients, sixty-eight of whom they were able to learn enough about to estimate the role of religion in the patient's illness. Several conclusive results were obtained that point toward a better understanding of the relationship between religion and mental health.

The first conclusion reached was a sociological one. The religious group to which a patient had given his loyalty constituted that person's outward reach for a community which he could accept and which would accept him. His sharing a common object of devotion and a common way of life usually put him in rapport with a social group whose approval he considered to be most important and supremely worthwhile. In seven of the cases studied the psychotic condition was immediately preceded by a marked religious conflict over loyalty to a "holy-roller" sect. The illness began with a conflict over some strong, unacceptable impulse such as a desire to leave a marital partner and become sexually loose, a desire to leave parental domination, or a desire to avoid parental responsibility. The patient was either unconscious of this conflict or barely aware of it. The conflict was then expressed compulsively in terms of an emotional attachment to the new religious group which had made a bid for the patient's loyalty. The new found loyalty became a way of satisfying the unconscious desires with the approval of the patient's own conscience and a religious group at one and the same time. For a time this religious solution worked, but a desire to go back to the old condition weakened his loyalty to the religious group, and the last state of the patient was worse than the one before; he had lost the approval of his original social group and now could not feel at home in his new found social setting. As a result, he found himself isolated from both groups and not loyal to either. The double portion of guilt arising from this isolation precipitated a full-blown psychotic condition. This conclusion suggests that the occurrence of holy-roller sects in a community indicates that minority groups of people in the community are segmented away from the rest of the larger group because of social, economic, and educational differences; the traditional churches allow these temporal differences to determine their ministry. As a result, the holy-roller sect arises among these isolated people as a spontaneous expression of their religious needs. This conclusion also suggests that

social isolation is simultaneously one of the causes of the multiplication of small religious groups and one of the causes of mental breakdowns.

A second conclusion reached in the analysis of the cases studied concerned the role of religion in the aetiology, precipitation and formation of psychotic conditions. Much loose talk is bandied about in medical and non-medical circles about the popular idea that "people go crazy over religion." Such eminent medical men as Sigmund Freud and some of his followers assumed that religion was a "universal neurosis," although they defined their terms by saying that they did not mean "the deeper resources of religion, but popular religion of the masses." Conversely, religious leaders become incensed and fail to recognize the fact that much of what the populace *calls* religious *is* pathological, and that the servants of genuine Christian experience do their cause violence by defending it as good or laying their approval upon it. The root difficulty lies in the fact that both the medical men and the religious leaders have yet to take pains to discover and interpret the clinical facts in the matter rather than make emotional assertions.

Any discussion of the role of religion in the causation of psychotic conditions must include a working hypothesis of causation. Much that is called the "cause" of mental illness is in reality merely symptom of the mental condition, and supplies the glaring *forms* rather than the hidden causes of the illness. Much that appears as a dynamic cause, furthermore, is actually a set of precipitating factors rather than the source of the pathology in and of itself. The cause of mental illness is usually of long duration and lies in the predisposition and development of the personality rather than in the multitude of precipitating factors that other people face daily without too much mental stress and certainly without psychotic break-downs. This being true, it needs to be clearly understood that when an investigator says that religious experience is the *cause* of psychotic condition, he means that the patient's character and personality development have been warped by religious influences.

Religion as a Long Term Cause of Psychoses

Of the sixty-eight cases studied by this group, eleven, or 17.2 per cent were found to be characterized by such long term moral and religious conflict. The psychic mechanism was that of the reaction formation. Ten of these eleven cases showed a conflict on the part of the patient concerning his traditional family religion. In all of these ten cases, the patient confused loyalty to the particular type of religious ideal and group with loyalty to the primary family group, especially to the parents. Rebellion against and disloyalty to the religious idea or group meant attempts to become emotionally autonomous to the original family group. Five of the eleven patients in this group took a negative reaction to the domination of their parents in matters of religion. They did so by renouncing the faith of their parents, but were in bondage to rather than freed by their rebellion. Three of the five became schizophrenic with a

paranoid reaction. The other two became psychotic through acute alcoholism. Latent homosexuality, frustrated needs for dependence, and a compensatory self-sufficiency and social isolation appeared in each of these cases. An ambivalent parental training was apparent in all the cases, and this inconsistency extended to the religious education of the child. Three of the five patients were the children of Protestant ministers. The psychiatrists in charge considered the prognosis poor in four of the five patients so afflicted. From a religious point of view, any counsel for these patients would need to be of a relaxed and permissive sort, extending over a long period of time and administered by a specially trained and experienced religious counselor.

Five more of this first group of eleven patients (whose psychotic condition was associated with long-term causative factors in the religious experience of the patients) were confused about denominational clashes and sectarian rivalry to which they had been subjected over a long period of time. All five of the patients were women, and their religious and sexual problems were inextricably woven together. Attempts to establish hetero-sexual autonomy and religious independence of their parents met with failure. Four of the five women had possessive fathers who had ruled their religious lives with an iron hand, and used religion as a means of possessing the presence of the young daughters. Three of these five patients responded favorably to a religious re-education instituted by the chaplains with the objective of maturing their religious outlook by disentangling it from the morbid relations to their parents. The other two of the five, however, were so fixed in their delusions, and their illness had been of such long duration that their religious experience and ideation served now to maintain their illness and to block any attempts at therapy or any apparent possibility for recovery.

The one remaining patient of this group of eleven patients was a sixty-seven year old white male suffering from senility, and his religious ideas were of long duration. He had lived a long, useful life in service to his community as a deacon and lay-teacher in his church. When his organism broke, his religious life also became befuddled.

The conclusions from this group may be clearly seen. First, religion is one of the ways that the patients used to accomplish their emotional ends in adolescence for gaining autonomy in the home. When they met with failure here, they either became pathologically compulsive in their rejection of the faith of their fathers or equally compulsive in their rejection of service to it. Either extreme led to serious emotional frustration, and any correction of their difficulty must take into consideration the fact they are maladjusted religiously as well as their relation to their parents.

A second conclusion shows the intimate relation between religious belief and parental ties in a traditional religious culture. It shows the tendency of parents to try to be gods for their children and the tendency of children to try to deify parents.

A third evidence seen here is the effect of the religious sectarian conflicts on the life of children. Such occasions of stumbling effect a torturous toll upon the psychic health of growing children.

Religion as a Precipitating Factor in the Psychoses

The second group of patients whose condition in religion was an active factor in their illness was seven, or 10.3 per cent of the total group in which religious experiences served to *precipitate* the illness. Several features were characteristic of all seven of these patients. In the first place, there was very little if any religious concern or activity in the pre-psychotic experience of the patients, and the mechanism was that of an unsuccessful sublimation. Religious solutions of life's problems came as a "last straw" attempt to cope with reality. Usually these patients turned to a bizarre, reactionary sort of religious expression. Ordinarily this religious expression was their original unacceptable desires turned "inside out," whereby they achieved sexual and aggressive satisfaction covertly in their religious practices. Merely a thin veil separated the symbolism of their religion from the reality of their instinctual cravings. They dedicated themselves in a frenzy-like devotion to their religion with little or no understanding and acceptance of themselves. In religious terminology, they tried to dedicate themselves to God without facing themselves before God.

Three of these seven cases revealed evidence of sexual overstimulation by the parents of the same sex over a long period of time, and religion was unwittingly used by the parent as a means of continuing these benefits. One of the seven cases was precipitated by the patient's conflict with his wife over denominational differences. One of the seven was a girl who had been ostracised from a Catholic convent, and the last of the seven was the case of a forty-two year old white man who entered the ministry upon the death of his wife and broke mentally upon his ordination into the Baptist ministry. In only one of these cases was the work of a minister evident, and there it was of a crude and dangerous sort. Ministers were embarrassingly absent in the time of crisis that these patients faced. The work of the chaplains in the hospital was helpful in the improvement of three of these seven patients, but the reactive religion of the other four served to maintain the illness and blocked recovery of the patients.

It must be observed concerning this group of patients that the minister missed a good opportunity to serve as a preventive agent and to get these patients into the hands of a doctor before their trouble became so acute. In addition to this, sane religious guidance with this group of patients at a time of their turning to religion as a solution of life's dilemma would have done much to turn away from themselves toward reality. All of this is conditioned upon the assumption that such a minister would have the necessary psychological insight and training

in mental hygiene to have recognized these conditions and done something about them at the propitious moment.

Religion as Supplying the Ideational Form of the Psychosis

The third group of patients comprised 20.5 per cent, or fourteen of the total group. Here religion served not as development or precipitating factors of the psychotic condition, but merely supplied the ideational content or form of the illness. All of these patients used religion as a rationalization. These patients fell into two groups of seven each. The first group manifested no concern about religion at all in their pre-psychotic experience; they turned to religion as a last resort, and their religious delusions served to protect them from any insight, to maintain their illness, to relieve them of personal responsibility, and to impede any other kind of therapy that might be used.

The sobering conclusion that may be drawn from this group of patients' experience is evident. A minister may unwittingly give praise and encouragement in preaching and teaching and in personal counseling to these persons if he does not know the persons to whom he is ministering. This necessitates less of a mass religious leadership and more of a personalized ministry in which the minister fits his message to the needs of the individual, for what may be one man's spiritual food may be another man's poison.

The other seven of this group of fourteen patients were different, however, from the first seven. Religion had not been an active concern of theirs before their illness but had become so during the more acute phases of their trouble. The chaplains of the hospital were on hand during the development of this new interest and could guide it with discretion and counseling help, knowing that the new found religious interest could either serve to turn the patient toward reality again or hasten him on his flight from reality. Here religious suggestion and re-education tempered with verifiable facts taught by psychiatry, helped to socialize and to aid in the improvement or recovery of these seven patients.

The Absence of Religion in the Psychoses

By far the largest group of patients, however, consisted of thirty-five, or 51.5 per cent of the patients studied and showed no religious concern at all. These patient's histories revealed little or no religious education in the home, the influence of the church and ministers in the communities were almost totally absent, and the thought-forms which the patients used were almost devoid of religious references. Of these thirty-five cases, the chaplains in the hospital were able to stimulate a religious concern in only nine. The use of techniques described in the first part of this paper yielded positive and beneficial results in these nine cases. The patients became less withdrawn, more social, and developed some

degree of personal insight and group consciousness. But twenty-six of the thirty-five responded to such treatment in no observable way, neither positively nor negatively.

General Conclusions

The results of this study reveal the high incidence — in 48.5 per cent of the cases studied — of religious ideas and experience in the precipitation, formation, and causation of psychoses. This group of patients reveals the intimate connection between religious education and the home. In all of these thirty-three cases, the parental and religious adjustments of the patient were so bound up with each other that they might easily be mistaken for each other. In the prevention of mental illness, the minister and the church, therefore, must pay all the more attention to the structure and health of the home. The traditional ministry of the church is such that it is especially adaptable to strengthening the emotional health of the individual through the family. Bereavement, birth, Christian nurture, marriage, and the enforcement of moral standards of the home have always been the assigned duties of churches. So an emphasis upon the prevention of mental illness is not the suggestion of some new thing, but the demand for more life-centered and ethically effective discharge of the same responsibilities that ministers and churches have always faced. When placed in the context of the commission of Jesus to Christians, such a healing and preventing ministry is a divine command.

Furthermore, the minister and the church need to pay more attention to the causes of the isolation of social minority groups and develop a program of missions that will even up the jagged edges of social discrimination and fill the gulf that is fixed between the "haves" and "have-nots" in a community. When these causes and remedies are discovered, both the number of new denominations springing up in the uncared-for corners of communities and the number of mental breakdowns will decrease. If it is true that in Christ there is neither male nor female, bond nor free, then the Christian fellowship is the answer both to the need for differentiation in religious organization and for the self-centered individualism that culminates in psychotic breakdowns.

But finally, the fact that 51.5 per cent of the patients studied reflected an absence of religious influence in their developmental histories and an absence of religious concern in their present thought life and activity is evidence that much that is called mental illness today is the end result of a *lack* of wholesome moral education. Most of these patients were not the victims of a repression of instinctual impulses, but an irrational lack of the control of the impulses they knew they had. From babyhood they had learned nothing but self-indulgence, and mature society expected more of them than this. Because of a conspicuous lack of moral and social development, these patients remained unintegrated and perverted characters.

These patients came from a cultural background which is supposed to be exceptionally religious in all things, but 51.5 per cent showed no influence of religion at all. This is a double rebuke: first, to the failure of established religious groups to minister to them: and second to those who would too quickly say that religion is *the* cause of mental illness. The truth of the matter seems to this author to be that the essential problem in the causation of functional psychoses is the relationship between the child and his parents. Religion enters to hasten or to prevent mental illness in the way that it becomes a part of the child through the living relationship he has to his parents. This depends upon the *use* which is made of religious teaching. This is precisely the function of the minister as an agent in the prophylaxis of mental disease: that he know how to use faith, ritual, sacred books, church groups, and "especially those of the household of faith" in making people both good and healthy, both religiously earnest and mentally balanced. Merely to call a thing religious does not make it so, and the minister of Christ is under obligation not to believe every spirit, but to "try every spirit to see whether they are of God: because many counterfeit prophets are gone out into the world." These prophets often find their way sooner or later into a state hospital, but not before having spread the infection of their pathological ideas abroad. And many of them find a protecting group of followers and continue their damage unaccosted.

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EDITORIALS

Evangelism in Pastoral Counseling

Most counseling today is directed either towards enabling individuals to keep their equilibrium in the face of mounting tensions or to recover their sense of balance when circumstances have proved upsetting. The method generally used is that of insight therapy although the means for providing such insight vary all the way from almost accidental and coincidental discovery to aggressive interpretation. For the secular counselor such goals are probably adequate. Any such achievement is understandably just cause for rejoicing, since the number of failures probably still exceeds the known successes.

For the *pastoral* counselor, however, there is still a further obligation. What it should be called is a moot question. Evangelism, enlistment, recruiting, conversion, soul saving — all contain a common denominator, a continuing thread which perhaps can best be described as active allegiance to God.

Pastoral counseling has sometimes been aptly described as the ministry of reconciliation. Is it enough, however, to reconcile a man merely to himself or to his neighbor? Can such a reconciliation be considered complete without taking into consideration his relationship to his Creator?

An able psychiatrist at Harvard University who, in his private practice, has devoted many years to psychotherapy for alcoholics, once said, "Conversion is the only known *cure* for alcoholism. There are other treatments but only religious conversion produces permanent results." Perhaps the time has come for us to spend less time digesting the dynamics and mechanics of counseling and instead to rediscover the therapeutic method known as conversion.

As Roy L. Smith has written, "A religious faith which is not propagating itself is either dead or dying. Whether we speak biologically or

spiritually, the power to reproduce is the one infallible test of life. Every great living religion is missionary by nature, or it is doomed."[1]

Need pastoral therapy divorce itself from conversion? Is peace of mind the equivalent of *pax Dei?*

The Ministry

There is a romance and a compulsion in the ministry which no trouble or work can take away. Through divine revelation we have seen God's concern for man clearly demonstrated. As His ministers we are privileged to be a part of the means by which this revelation is shared with others. Thus we are privileged participants in a divine mystery.

Romance is bound up with the mystery of man's personality too. Those of us who have had the blessing of an intimate, pastoral experience can testify that one of the greatest wonders in our lives has been to witness the transforming influence of the power of God in changing human nature. This is perhaps the greatest miracle of life and daily experience.

Marriage Counseling

Although concerned with marriage perhaps longer than any other profession, the clergy today are contributing little to the rapidly developing social science of marriage counseling. Their presentations at such gatherings as the annual conference of the National Council on Family Relations and the Groves Conference on Conservation of Marriage and the Family are few and usually mediocre. There are notable exceptions, to be sure, but that does not alter the total picture.

Ordination is not an adequate prerequisite; neither is unsupervised experience. Both academic and clinical training are needed. As Gladys Hoagland Groves has pointed out,[2] "Psychiatric insights are essential, anthropological orientation is an advantage, other approaches are desirable." To this we would add the unique contribution of religion, particularly in the field of values.

Our Contributors

Dean Higgins ("Client-Centered Psychotherapy and Christian Doctrine") has long been interested in making the resources of Christianity relevant to personal needs. His ministry at St. Mark's Cathedral in Grand Rapids, Michigan, has reflected this pastoral concern in a very positive way.

Father Smith ("Psychiatric Practice and Christian Dogma") has prepared an admittedly provocative article which should cause us to sharpen our thinking. As an Episcopal priest doing graduate study, he

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[1] *The Revolution in Christian Missions*, Abingdon-Cokesbury Press, Nashville, 1941. p. 9.

[2] Marriage and Family Living; Vol. XI, No. 2, Spring, 1949, p. 37.

has been able to reflect upon the theological implications of various approaches in pastoral care.

Professor Oates ("The Role of Religion in the Psychoses") carries forward the investigation first begun by Dr. Anton T. Boisen. His inquiry is objective and carefully organized. We hope to publish additional articles by him in the near future.

We are grateful to these authors and to those many friends who take time from their busy lives to review books for us. It is because of this generosity of time and effort that our *Journal* moves forward.

CORRESPONDENCE

To the Editors:

I have read with interest your editorial on the problem of morals and pastoral counseling. As you put it so well, you have raised issues, and very important ones, for any one concerned with his task as pastor.

The issue, as I see it, is how can a Christian pastor reconcile his basic understanding of life as having a moral purpose, with current types of counseling which seem to avoid the moral issue. Your statement would seem to indicate that either one must accept the "classical religious standards" of right conduct, or else throw them over and seek to help a parishioner to "happiness" or "adjustment." I do not believe this is an either-or proposition as your question would seem to indicate: What, then, is our pastoral canon: happiness or "adjustment", or obedience to a revealed, theocratic norm of behavior? As a Christian one does accept a revealed, theocratic norm of behavior. That has been given to us in the person and work of Jesus Christ. But what is it about this revelation that particularly seems to apply to how the pastor should pattern his relationship to a parishioner within the counseling relationship? How does it define for him his task as a pastor?

I would say that the revelation of the atonement was the critical factor defining this relationship. By this act Jesus Christ set forth the norm for all human conduct, and also showed how it could be motivated. At the same time he revealed that love, *agape*, was the only way to act, he himself fulfilled that norm to such a degree that he made it possible for men to follow in his footsteps. Thus, the revealed, theocratic norm for behavior for a Christian is love, self-giving, self-forgetting love.

Now what does this have to say about the pastor's function as a counselor? It seems to me to say that within the counseling frame of reference, the pastor is not primarily concerned with questions of right and wrong, with the legalistic aspects of morality, those which say absolutely and unequivocably that (to use your illustrations) masturbation is wrong, that one should not conjure up fantasies about it, that pre-marital sexual activity is *verboten*. That is not what Christian morality is about, fundamentally. Christian morality not only gives us a new standard, it shows a way to *fulfill* that standard. And in doing so it indicates what the pastoral role should be.

For it describes the pastor's function as that of creating a situation in which the individual will be moved to act positively. He is primarily concerned with the motivational problem, and so he would appear to be dodging the moral issue of right and wrong. But to return to an earlier point: what is the pattern one sees worked out in our belief in the atonement? It is one which admittedly condemns wrong action, but not in a spirit of harshness and blame. It accepts all that that action involves, accepts it in love; and in accepting, enables love to conquer the wrongdoing.

In other words, the atonemental pattern has a value at stake, but it is not simply one of right and wrong *per se:* it is equally concerned with the value of personality, which it wants to see fulfilled, not wrenched and beaten-down. Personality has to be saved or redeemed, but not controlled so that it loses its sense of responsibility and free will. Jesus Christ on the cross does not *prevent* men from going to hell if they see that as their way.

To sum up: the problem you raise must be viewed in the light of a *revealed norm*, not in the light of a norm raised to the absolute level by human pride. If we accept the norm of the cross, we find that the pattern of pastoral counseling brings together what you would like to call "adjustment" and a "revealed, theocratic norm of behavior." If we think of the pastoral relationship as one in which the pastor defines for other people, in their own lives, the difference between right and wrong, then the dichotomy you set up is real. But if one looks at the pastoral counseling relationship in the light of the clear pattern of the cross, then the pastor's problem is not to distinguish between adjustment and moral values, to "set people straight" in their moral lives, but instead to help them to *choose* the right.

To put this in other words: I feel that the task of the pastor is largely one of motivating the individual; the task of the moralist is that of defining right and wrong. It is not so much a matter of having a "line" that conforms to "classical religious standards" as having a way that conforms to the pattern of the cross, a way that is permissive, accepting, and always leaves the full responsibility for action in the hands of the individual. It is he who must ultimately decide what is right and wrong for him: no one else can decide that.

EDWIN DE F. BENNETT

Episcopal Theological School
Cambridge, Mass.

To the Editors:

I am very interested in some of the articles which appeared in your Winter issue, particularly those by Mrs. De Forest and Mr. Nichols. I am surprised that the latter makes no mention of Wilhelm Stekel and Paol B'Jerre both of whom have contributed much to the emphasis Mr. Nichols presents.

Your leading editorial is a provocative one and contains implications which, if established, would mean some radical changes in much of the "therapy" now set forth in the current literature in this field.

CHARLES R. ZAHNISER

School of Education
The University of Pittsburgh

To the Editors:

I am writing to express my appreciation of your review of the book *Personal Counsel* by Robert Frank, which you published in the Winter issue of your *Journal*. I cannot understand how some intelligent and respectable people were taken in by this book. It shows no understanding of sex education, is evidently based on no acquaintance with counseling, and — as you well say — betrays a complete lack of understanding of morals to which it professes to be a "supplement." I agree with you that clergymen and others must be prepared to encounter this sort of thing; and it should not be difficult for them to meet it effectively. Your review is a real contribution to that end.

PAUL POPENOE

The American Institute of Family Relations
Los Angeles

BOOK REVIEWS

Pastoral Counseling: Seward Hiltner; Abingdon-Cokesbury, New York, 1949. 291 pp. $3.00.

Seward Hiltner's book is an event in the field of clinical pastoral care. His leading role nationally for the past fifteen years, and his frequent papers in professional journals, have combined to make all students of the subject eager to see his "conspectus" put together in a single volume.

One of the happiest features of this book is that it provides high value for both beginners and those who have previous knowledge and experience. The material is divided clearly into three Parts: the first deals with principles, the second with preparation, and the third with resources for pastoral counseling. Nearly half of the text (five chapters) is devoted to principles, and the other half is given over to three chapters on preparation and precounseling interviews, and two chapters to resources. Actual and hypothetical case material is used throughout the whole volume to illustrate the points made. Empirical "purists" may object to the use of fictitious interviews but experienced teachers know perfectly well that our files are not full enough always to provide just the sequences needed, and that (indeed) a fictitious interview is sometimes actually better at the start of the learning process. Additionally, Hiltner has put together extensive notes with more detailed technical discussion and references to the literature of psychology and pastoral theology.

It seems fairly evident that Hiltner approaches his task with a more conscious and thorough appreciation of theory than other writers in the same genre. To this reviewer's knowledge no other "introductory survey" of pastoral counseling takes adequate account of the theological and ethical interests involved, comparable to Hiltner's treatment of Aims and Assumptions. While the text is kept free of any technical elaboration, for the beginner's sake, the notes often supply it. Some readers will complain at the shuttle back and forth between text and notes, but remembering the need to keep the work clear-cut for people new at it, the author's method seems justified. His psychology is of the dynamic

(and even "depth") school, and his philosophy is evidently close to the Rogers nondirective conception of the counseling process. Even though Hiltner indicates his preference for "reformed" analysts, some critics will inevitably question whether these two positions can lie down together. And there is sure to be a lot of discussion of his term "eductive" (pp. 254–255) and whether it represents a truly distinctive concept. Chapter Five, which compares pastoral counseling to other forms, is a teaching instrument of high interest and usefulness.

Part Two, on preparation for counseling, may yet prove to be the most important section of the book. For years we have lacked any orderly and precise account of the relation of other pastoral roles to counseling, especially as they provide referral or introductory opportunities. Hiltner has only just opened it up but his analysis of the difference between "precounseling" and formal counseling is a very suggestive start on the problem, with some shrewd insights.

Chapter Nine, on religious resources, deals with prayer, the Bible, religious literature, Christian doctrine, rites and sacraments. Chapter Ten deals with resources for learning: interview materials, clinical training academic studies and personal therapy for pastors. This Third Part on resources is the "sketchiest" in the book, but nonetheless a good introduction.

It is useless, in a restricted review, to attempt comment on the hundred and one points of interest and excellence in this book. An example is Hiltner's incisive criticism of the current wave of "theological pessimism" (pp. 256–259). It should be reprinted and placed before every academic theologian in America. His reference to the alcoholic in connection with the order of conversion experience (despair first, or hope?) is a powerful psychological point against a lot of fashionable "orthodoxy" today. (Incidentally, Dr. T. M. Tiebout has a paper in the *Quarterly Journal of Studies of Alcohol*, June, 1949, "The Act of Surrender in the Therapeutic Process," which supports Hiltner's view of conversion.)

There are defects in the book. Particularly annoying are the author's frequent references to documentary sources for his ideas and propositions (and even the use of direct quotations, as on p. 27) without giving a precise citation. The book would be stronger, especially as a text, if a general bibliography had been provided. Most of the book's weaknesses, such as its extremely brief discussion at points where the reader naturally desired more of the author's thinking, are obviously the result of his primary purpose: to write an "introductory survey." In any case, the book is an admirable example of Hiltner's own code, as given in the Preface: "A practice without a theory is noncorrectable. A theory without a practice is irrelevant."

JOSEPH F. FLETCHER

■

Man for Himself: Erich Fromm; Rinehart, New York, 1947. 254 pp. $3.00.

This book by the well-known psychoanalyst and author of *Escape from Freedom* is further evidence that psychology is at last beginning to examine critically the naturalistic presuppositions to which it has so long been attached. One such presupposition is that of ethical relativism, and it is this dogma which Dr. Fromm is here attacking. The aim of psychoanalysis is the good life for man and this goal can be conceived and realized only in terms of objective and

universal norms of conduct. These norms in turn can be discovered only in the light of a correct understanding of human nature which psychoanalysis is now in a position to provide.

The central portion of the book is an attempt to construct a "psychoanalytic characterology" with a view to furnishing a firm basis for ethics. The picture of human nature there elaborated leads to the conclusion that self-love, self-interest, self-realization constitute virtue, and self-mutilation vice. Self-love is interpreted along Aristotelian lines as love of the best or true self in all men and therefore is to be distinguished sharply from selfishness which is incapable of love for any self including one's own. The true self is that which is discovered by psychoanalytic characterology.

Dr. Fromm calls his ethics humanistic and he is contemptuously opposed to the introduction of any suprahuman authority in this or any other field. His humanism, however, is of the classical rather than the familiar scientific variety and is redolent of Greek and Renaissance thought. He understands, therefore, that objectively valid norms follow from the nature of man and must not be confused with "socially immanent" standards which are tied to particular cultures; the relativity of the latter is no argument against the universality of the former.

The claim that rational man by examining his own nature can discover objective human values is reminiscent not only of classical humanism but also of the Christian doctrine of natural law. Apart from the author's occasional assertion of atheism (e.g. "there is nothing higher . . . than human existence," p. 13) the moral theologian can agree with him *as far as he goes* and can only profit from his illuminating analysis of the nature of man. At the same time, the fatal weakness of all humanistic ethics remains: a rational understanding of what is good has never been successful in persuading men to become good. To the man who cries "the good that I would I do not and the evil that I would not that I do" no amount of philosophical or psychoanalytic enlightenment is of much help. Knowledge provided by the mind has never proved very effective in directing the will.

Dr. Fromm's only answer to this objection is that it is necessary to have faith in man — in his ability to love, to be happy, to use his reason, to be educatable. Plato nurtured a similar optimism 2500 years ago but the history of the intervening centuries furnishes little justification for such a faith. The author of this book has detected what is false without denying what is true in the deterministic and relativistic assumptions of naturalistic psychology; he has not yet made this discovery in relation to the third member of the unholy trinity — the optimistic dogma.

D. R. G. OWEN

•

The Psychology of Behavior Disorders: Norman Cameron; Houghton Mifflin, Boston, 1947. 622 pp. $5.00.

This book by the head of the department of psychology at the University of Wisconsin is a "bio-social" interpretation of the neuroses and psychoses. It seeks to shift the emphasis in psychopathology from speculations about a psyche in a somatic container to the operations of the human organism in the social

field. While acknowledging great indebtedness to Freud, the author makes use of few of the psychoanalytic concepts except as they are recast in a terminology of his own.

A feature of the book is the opening section in which the author formulates and defines the principles which he uses in his interpretation of the disorders under consideration. Particularly significant is the chapter on "Language, Thought and Role-taking," which is based upon George H. Mead, and the chapter on "Basic Adjustive Techniques," which reveals the influence of Adolf Meyer.

In his treatment of mental disorders, Dr. Cameron has used a modified form of the United States Army classification. There are, however, a number of drastic changes. He thus recognizes no clear distinction between the neuroses and the psychoses and he does away entirely with the old schizophrenic sub-types, substituting a scheme of his own which to this reviewer seems of questionable validity.

The book is ably and interestingly written, but it suffers from the prolific use of a terminology peculiar to the author. Conflicts are thus classed as "adient-avoidant, double-adient and double-avoidant reactions;" and to be conscientious is to be "reaction-sensitive to one's own behavior."

For the student of religion this book is disappointing. Dr. Cameron gives only passing attention to this subject and no evidence of any understanding of it. Most serious is his lack of understanding of those disorders which are of greatest interest to the student of religion. There is no recognition in this book that some types of disorder are desperate attempts at re-organization in the face of an overwhelming sense of guilt and failure, and that as such they are not evils but like fever or inflammation in the body they are manifestations of Nature's power to heal.

We may agree with President Carmichael in his introductory remark that this book is an important and novel contribution both to psychiatry and psychology, but we wonder if it is not likely to add to the existing confusion and take many workers off into profitless blind alleys.

ANTON T. BOISEN

•

The Inner World of Man: Frances G. Wickes; Henry Holt, New York, 1948. 313 pp. 79 plates. $5.00.

The fact that this is a second edition speaks for the proven popularity of the book and attests its usefulness. Ten years old now, it is still one of the most readable and concrete of the studies which have come out of the Jungian group. The very difficult concepts of the archetypes, the persona, and the self are presented simply and with sufficient material from the patients' histories and situations and associations to illuminate them and give them comprehensibility. One brief analysis is given in some detail, and the discussion of the drawings — which in themselves are of extreme interest and, at times, of great power and some beauty — adds greatly to the value of the book and substantiates Mrs. Wickes' thesis that an inner drama is being played out in the developing psyche which produces deep changes in attitude and motivation and which can be utilized to enrich and increase the life and work and effectiveness of the indi-

vidual. To become conscious of these changes and the disproportionate emphases on individual qualities and goals which preceded them, to be able to evaluate and understand them, the author feels, opens the way to self-acceptance, self-knowledge, and a healthier relationship to oneself and to life.

INA MAY GREER

•

Balanced Personality: F. Alexander Magoun; Harper, New York, 1943. 304 pp. $3.00.

Almost everyone considers himself an expert on human behavior. We may be ready to admit our ignorance in other fields as physics or chemistry, because physical things follow laws and respond only to knowledge. Persons have emotions and respond to coercive authority. To exercise power over other persons may appear expert, but it can be destructive. To succeed in human relations one needs to understand human nature and work according to psychological insight. In this book a professor of human relations speaks with good humor, clear exposition and convincing illustrations on how to understand ourselves.

The basic struggle of personality is a conflict between Desire and Conscience. Desire is the natural and inextinguishable demand to have what we want when we want it. Conscience is the censor who has learned by faithful social training to defend the code of morals and hold Desire in check. There is no solution for this raging conflict by yielding one blindly to the other, or straining stern "Thou shalt nots" against seductive and impetuous pleasures. A balanced personality integrates Desire and Conscience by the discriminating adjustments of Wisdom. Here is good psychology useful to the pastor in his study, his pulpit, or his counseling. He may have encountered these ideas before, but seldom in more contagious and communicable form.

PAUL E. JOHNSON

•

Principles of Dynamic Psychiatry: Jules H. Masserman, M.D.; W. B. Saunders, Philadelphia, 1947. 232 pp. $5.00.

This book is an attempt to cover the modern views on abnormal behavior and mental diseases in a fairly brief outline and yet offer, at the same time, a new biodynamic theory of normal and abnormal behavior. The author is very familiar with the field and has a rather broad knowledge of this subject and related social sciences. His views are primarily oriented by psychoanalysis, but he is also critical of analysis and feels he can offer a new theory which is more comprehensive.

The book starts with a discussion of the development of behavior, which discusses the psychology and psychoanalysis of behavior, including psychoneuroses and psychotic dynamism. In the second section, the author discusses biodynamics of normal and abnormal behavior, approaching the same problems critically with the help of references to experimental behavior and psychoanalytical case histories. There is a rather extensive and well done bibliography and a glossary of psychiatric terms. This will be welcomed by many readers because of its rather unusual technical terms. His definitions are sometimes highly scientific and provoke some criticism in themselves.

It is an extremely ambitious enterprise which is stimulating to the expert in psychiatry, but one wonders how much students and interested laymen, psychologists and ministers may profit from such an accumulation of facts and criticism in the same sentences. The author is obviously anxious not to offend anybody, and yet prove his loyalty to psychoanalysis as well as other schools of thought in modern psychiatry. He achieves this goal through a large scale of references and restricts his criticism to those details which he feels are of minor importance and could be easily improved. It seems, however, doubtful whether the time has yet come for such an all-embracing psychiatry within the space of 232 pages, much of which space is taken up with case histories.

CLEMENS E. BENDA, M.D.

•

Childbirth Without Fear: Grantly Dick Read, M.A., M.D. (Cambridge); Harper, New York, 1944. 251 pp. $2.75.

This is a very important book. Every pregnant woman who reads it will be favorably impressed, and may ask her doctor to apply to her the system of painless childbirth which it expounds! This system is easily stated: Fear causes muscular tension, particularly those muscles which keep the cervix closed; since it is the cervix that has to dilate to let the baby out, labor is painful in proportion to the difficulty with which this dilation is accomplished; therefore if fear can be abolished by appropriate pre-natal education and proper emotional support during parturition, labor will be painless.

It would seem that this should be an easy book to appraise, since a system as definite and simple as this either works in the majority of cases or it does not. But the problem is not as simple as this and our appraisal will have to be in two parts: (1) the book; and (2) the system.

Lest I be accused by the author of being another one of those whose mind is closed in advance to any new theory, let me begin by saying that I had heard of one or two favorable results of the application of his principles and I was quite ready to be instructed by his book and to try his system on those of my patients who wanted it. Then on page 33 I came across the following sentence (the italics are mine):

> For my own part, after thirty years of close association with physical and mental derangements of health, I am persuaded *without a shadow of doubt* that, with the exception of unforeseen accidents, the origin of *every* form of disease, *both surgical and medical*, *whether hereditary or not*, can be traced by careful investigation to the influence of fear upon the human mechanism.

This sweeping statement was so completely contrary to all my experience and beliefs that I simply could not pay serious attention to anything else in the book. Furthermore, the whole tone of such a book should be objective, dignified and scientific. This book is written by someone who is obviously an extreme fanatic. Because of this it loses much if not all of its scientific value.

So much for the book — which is definitely not recommended — but what about the method? Where there is so much smoke, there must be some fire. Luckily, there has been published recently in a reputable medical journal an

article by Drs. Goodrich and Thoms of the Yale Medical School. [1]These men have tried Dr. Read's system on 156 cases, and their article is a model of sober, careful, scientific appraisal. Their results are striking and may be briefly quoted here. The total of 156 cases was divided into two groups. The first was composed entirely of women who asked if they could try the method. If this group 66⅔% had an excellent result and practically 90% had either excellent or good results. The second group was made up of women taken at random and who were not necessarily anxious to try the method. In this group only 44% had excellent results, though in 77% the results were either excellent or good.

The major criticism of this paper is that no control group was used. By that I mean that another hundred or so patients should have been told to relax, been treated kindly and with sympathy but not given the explanation, exercises, diet instruction and other prenatal paraphernalia that Dr. Read recommends. It is my personal feeling that this method will prove as good as the more complicated one under discussion.

To sum up, then, one may say that if a woman can relax during her labor, the labor will be more efficient and less painful. Intelligent, kindly and thoughtful care on the part of doctors and nurses will aid this. Fear is important but it is not the whole story. The method will not work on everyone, nor will it work in abnormal labors. In other words, it is just one more tool, though an important one, in the armamentarium of the obstetrician and will prove exceedingly useful in certain selected cases.

G. DOUGLAS KRUMBHAAR, M.D.

•

Handbook of Child Guidance: Edited by Ernest Harms; Child Care Publications, New York, 1947. 733 pp. $8.60.

This symposium on child guidance as currently practised in the United States comes near to being an encyclopedia. It contains forty authoritative papers, each with bibliography, and is not a handbook in the usual sense.

The editor's purpose is to underline the need for a complete system of integrating our young into modern culture in such a way that both they and the culture itself will be enriched, and that the great social waste of maladjustment may be avoided. All folk cultures previous to the development of modern social science, as well as prescientific cultures today, have had their own well-defined system of child-rearing; and whatever parents and children suffered from, it was not uncertainty as to the right thing to do under any given circumstance. Parents today are at least dimly aware of a bewildering variety of theories regarding the proper way to raise and educate children. In this volume, exponents of major schools of thought within the medical, psychological, educational and religious disciplines have a field day; and it is the editor's hope that by bringing them face to face with each other's thinking, they may be able to

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[1] "A Clinical Study of Natural Childbirth", Goodrich and Thoms, *American Journal of Obstetrics and Gynecology*, Vol. 56, No. 5, pp. 875–883, November 1948.

perceive what further steps are needed to round out a comprehensive program for child guidance in our culture

There seems to be general agreement on the social-scientific concept of a well-integrated, emotionally-free individual. A major division is implicit between those who would trust such individuals eventually to remake the culture along more ethical lines, and those who maintain that the emotionally-free individual must have blueprints for achieving moral salvation. Henry C. Schumacher is in line with much religious thinking when he states, (p. 206) "The psychotherapist aims at achieving a partial and relative human good, namely, health, while the moralist aims at achieving man's whole and supreme good."

The section on religious guidance contains statements by Roman Catholic, Protestant, Jewish and Quaker authorities regarding the aims and methods of child guidance as practised by their faiths. Each of these sub-cultures must, of course, have a method of integrating its young people into its own group. But since very few individuals today can live entirely within the area of one sub-culture, religious leaders are also responsible for giving the child values which will facilitate, not hinder, positive friendly attitudes toward groups with other orientations. The fact of willingness to participate in such a symposium indicates a measure of recognition of such responsibility.

ELIZABETH B. LINDEMANN

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The Sociology of Child Development: James H. S. Bossard; Harper, New York, 1948. pp. $4.50.

This brilliantly written book, by one of the masters of modern sociology, will be welcomed by ministers, psychologists, and psychiatrists. The book discusses the development of the child within the family, and analyzes the various aspects of child development. Chapter headings such as "Family Structures and the Child;" "Interactions between Siblings;" "Family Culture and the Child;" "The Bilingual Child;" "The Role of the Guest;" "The Child and the Class Structure;" "Homes with Conflict Situations;" "Families under Stress;" and "Children who reject their Parents;" to quote only a limited number of interesting chapters, may convince every reader how much information he will find in this book. Each chapter is clearly written, without the use of technical terms, and yet on an excellent scientific level. Pertinent references give the reader the possibility of studying other related problems.

Every minister will find this book well suited to open his eyes to many of the psychological problems he is bound to encounter in the course of constant contact with his parishioners. It provides a good psychological understanding of the normal stress and strain of modern culture, and will help the minister to clear up some of his pastoral problems.

CLEMENS E. BENDA, M.D.

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How to Raise a Brat: John Dallavaux; Tuttle, Rutland, Vt., 1946. 63 pp.

Mr. Dallavaux, although not trained in psychiatry or youth counseling, apparently has had considerable success in making "men out of black sheep and

mama's boys." He must have dealt with many seriously misguided youngsters and consequently felt a need for shock treatment to parents. His book is not funny. Heavy-handed irony and sarcasm are employed in telling how to raise a "brat", a term which can usually be read delinquent. Undoubtedly the author has valid warnings to offer parents. It is unfortunate that he has chosen this back-handed approach. The style is so caustic and the examples so extreme that the effectiveness of his message will be limited. The conscientious parent does not require such severe rebuke and the problem parent will be antagonized. The illustrations by John Dirks are almost sufficient in themselves to convey the intended lessons.

There are numerous typographical errors and instances of faulty punctuation.

MARGARET B. MAYNARD

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Step by Step in Sex Education: Edith H. Swift, Macmillan, New York, 1938, 207 pp. $2.50.

This book is written from the standpoint of a mother discussing the facts of sex with her children. It is in dialogue style and begins with the children two and four years of age. It contains their questions about their sex organs and where babies come from; it continues with the children as they grow, and with their more complicated questions, through eighteen years of age. At times the dialogue seems forced, unrealistic and sentimental. It presents, however, a convincing story and is recommended for parents who feel insecure in dealing with this vital subject. One wonders what the reaction to this book might be of parents who have not started with their children when they were small. This is the weakness of a book written in this style.

RUSSELL L. DICKS

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The Stork Didn't Bring You: Lois Pemberton; Hermitage Press, New York, 1948. 213 pp. $2.75.

As the title indicates, this is an informal book written primarily for adolescents and dealing with the currently popular subject of sex. Its breezy and sometimes flippant style may confuse (if not disturb) adults. Nevertheless it actually is extremely sound and undeniably relevant. The second chapter consists of an excellent and comprehensive glossary of "The Words for It," which are so often inadequately explained in the various dictionaries, if mentioned at all. There are helpful illustrations and imaginative chapter titles, as well as a detailed directory of community resources. The whole presentation is pungent, brisk, and to the point. It is recommended for parish libraries, pastors, parents, and young people.

ROLLIN J. FAIRBANKS

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Comics, Radio, Movies — and Children: Josette Frank; Public Affairs Committee, New York, 1949. 32 pp. 20 cents.

A remarkably calm and realistic analysis of admittedly emotional topics, presented in an exceptionally effective way. Practical and helpful suggestions are offered harrassed parents. Highly recommended.

ROLLIN J. FAIRBANKS

Judaism and Marriage: Felix A. Levy; The Commission on Information About Judaism, Cincinnati. 19 pp.

Dr. Levy sets forth quite ably and succinctly the existing theoretical and practical differences between the Orthodox and Reform branches of Judaism in regard to marriage and divorce, thereby performing a decided service to the many who are continually asking about the particular religious behavior of each group. This work points to the need for the Conservative branch of Judaism likewise to commit to writing *its* position on these vital matters.

Despite the fact that Reform Judaism has departed considerably from traditional practice, as placing marriage and divorce under the supervision and control of the state, the author nevertheless emphasizes that it agrees with Orthodoxy in spirit. It is felt, however, that the Orthodox may take issue with this point.

ISRAEL J. GERBER

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Judaism and Healing: Louis Witt; Union of American Hebrew Congregations, Cincinnati. 23 pp.

The aim of the essay is to discuss those principles in Judaism that demonstrate the belief in the healing of body and mind by religious means, emphasizing that Judaism "sanctions and practices divine healing" and regards as axiomatic and normative that God hears and answers prayer. The essay is quite provocative in posing such questions as: Can prayer influence the will of God for healing? If God hears and answers prayer, suppose man prays and God does not answer? The answers given to these questions make the essay good reading for the general Jewish and non-Jewish public, for whom it is intended.

ISRAEL J. GERBER

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Accent on Purity: J. E. Haley; Fides Publishers, South Bend, Indiana, 1948. 86 pp. $2.25.

Mr. Haley's book presupposes that the sexual discipline of the Roman Catholic Church is to be followed, and proposes to outline the teaching most likely to assure that it will be. This teaching should be explicit — the policy of Puritanical silence is often attacked. It should begin, not from the sinfulness of the things prohibited, but from the beauty of purity. At best, it should be given in the home, but since many parents neglect their duties, teaching in the school is also necessary. Especially, in the seventh grade the Priest himself should teach the boys by themselves (if possible individually), and either he or a Sister should similarly teach the girls, the basic facts of the physiology of sex and of the Roman Catholic doctrine concerning it. A model instruction — a model of explicit tact — designed for a seventh-grade child, is appended; and there are bibliographies of Roman Catholic works on the subject and helpful suggestions as to the manner of teaching.

For non-Roman readers the book is useful as giving a simple picture of the complex of Roman attitudes and beliefs concerning sex — a complex which hangs together and should be better known by those who try to attack only one part of it. The most appealing thing is the emphasis on the beauty of purity

rather than the badness of sin, an emphasis all too rare in this world where Christian teaching is generally represented as unjustified taboo, and where too many have never perceived what was remarked by Pater, that 'The chastity of men and women, amid all conditions, and with the results, proper to such chastity, is the most beautiful thing in the world.'

MORTON SMITH

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The Third Strike: Jerry Gray; Abingdon-Cokesbury, New York, 1949. 59 pp. $1.00.

This little book, an alcoholic's self-analysis, reveals the tragic drama in the lives of those who face the problem of self-mastery with two "strikes" on them, instability and alcoholism. As ministers, we shall miss the point of this book if we use it only as a weapon for the cause of alcohol abstinence and do not also take it searchingly to heart, lest we be numbered, by the "Jerry Grays" in our own community, among those who have "no real understanding . . . for the abnormal." The outcome of "the third strike" is partly our responsibility.

The book is keen in psychological insight, reveals a rich literary background, and is written in a vivid introspective style. By its very nature the account is fragmentary and incomplete. For "case material," it should include more about the influence of other persons and groups upon "Jerry." For understanding of the alcoholic's mental and spiritual struggle, however, it is superb.

WILLIS P. BROWNING

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Education for Professional Responsibilities: Carnegie Press, Pittsburgh, 1948, 207 pp. $3.00.

Some one hundred representatives of the several professions met at Buck Hill Falls, Pennsylvania, in the spring of 1948, "for the interchange of experience and ideas by teachers in schools of Divinity, Medicine, Law, Engineering, and Business." This book is the publication of the several professional presentations which were made during the conference.

The book, as the conference itself was, is divided in three sessions: "The Objectives of Professional Education;" "Content and Method in Professional Education;" and "Social and Humanistic Aspects of Professional Education."

The appearance of this conference on the contemporary scene brings fresh courage to a number of us in the professions who feel that over-specialization has for too long been permitted in the several professional schools, as well as within our own practice day by day. Those who took part are to be congratulated that they did not fear the semantic and conceptual difficulties would be too deep-seated to permit such a conference to bring forth good fruit.

Of special interest to readers of *The Journal of Pastoral Care* will be the remark of Dr. Henry P. Van Dusen in his paper, "Ministers in the Making — the Task of Theological Education." He said, "Finally, may I attempt to present theological education's challenge to the basic issue of our discussion, not only as it affects the seminaries, but as it affects every type of professional training — the issue between specialization and what I may be excused for naming

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generalization. The divinity schools have a special interest in this issue, for it concerns one of the 'great enemies' of religion and the Church in our modern society — specialization. Specialization — the concentration ofattention upon some one problem or phase of a problem, to the neglect of its organic connection and larger setting. Specialization — so essential to scientific advance, so fruitful of increased knowledge. Specialization — so stunting to large mindedness, so fatal ao comprehension of the whole truth, that is, the real truth."

No one will read this series of papers without being made to think. It is to be regretted that the brief bibliography on professional education does not include a section on theological education.

HENRY H. WIESBAUER

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Counseling the Candidate—Psychological Techniques in Recruiting Church Leadership: Clifford E. Davis; Board of Christian Education of the Presbyterian Church in the U.S.A., Philadelphia, 1948. 19 pp.

This pamphlet is apparently addressed to church members (1) who are concerned with selecting or counseling young people wishing to enter church vocations, and (2) who are also almost entirely unacquainted with standardized clinical-psychological and personnel procedures now widely used in assessing personal qualities and abilities.

The author describes a pioneer effort to improve the efficiency of selection of professional church personnel by supplementing the traditional assessment methods with a series of five or more psychological tests. He tells how this service of the national church headquarters is integrated with the related activities of the presbyteries, how it does not encroach upon their prerogatives. He gives brief descriptions of the tests used and of how the evaluated test results may contribute to better counseling of young people who desire to enter religious work and to the wiser selection of such workers.

These innovations in church personnel practice will almost certainly help to identify earlier and more efficiently those candidates whom everyone would agree ought not to enter religious work. From the point of view of helping young people, however, the reviewer has serious reservations about the overall advantages of placing the results of tests in the hands of counselors who have not had extended supervised training in the evaluations and communication of test results. The report makes no mention of the training of counselors as a part of the program. There is a marked tendency for workers in professions bordering personnel and clinical psychology either to reject test results altogether or to be unduly impressed by the fact that the instruments are called scientific and the test results are reported in numerical form.

STANLEY G. ESTES

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The Universe and Dr. Einstein: Lincoln Barnett; William Sloane Associates, New York, 1948. 127 pp. $2.50.

This is a book which is small in size but mighty in scope and large in accomplishment. What Mr. Barnett has done is to tell in simple and clear language of

the incomparable and profound contributions which Albert Einstein has made to our understanding of the structure of the universe. This has really been achieved in such a way as to make Einstein's work fully intelligible to the layman, and yet — so Einstein himself says in his brief foreword — the explanation has remained scientifically accurate. For those of us who know next to nothing about the General and Special Theories of Relativity, concepts which are guiding the best scientific advance, this book presents invaluable and lucid instruction.

There are one or two unfortunate theological interpretations. The author uses the fact that quantum physics has demolished the notions of inexorable causality and determinism as an argument for the existence of free will. And later he concludes that the commonly held view that the universe is running down and progressing to a final darkness and decay is evidence for believing in theistic Creation and at a definite time. But apart from these, the book is a masterly (we have Einstein's own word for it) and thoroughly understandable account of the paradoxes and intricacies of modern science as it has been moulded by the creative genius of Albert Einstein.

EDWARD G. HARRIS

OUR REVIEWERS

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NOTES AND COMMENTS

Inward Light is the name of an important publication sponsored by the Friends Conference on Religion and Psychiatry. Subscriptions are $1.00 for three issues. Single copies are 35 cents. Inquiries should be sent to James A. McQuail, Jr., Box 227 Downingtown, Pa.

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The Institute for Rankian Psychoanalysis (135 Perry St., Dayton 2, Ohio) announces a resident training in Christian psychoanalysis. Full details will be sent upon request. The Rev. William Rickel is Director.

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Chaplain Malcolm B. Ballinger of the University Hospital, Ann Arbor, Michigan, has prepared in mimeographed form a worship manual entitled *Hymns for Hospital Days.* Single copies may be secured upon request; postage, however, will be appreciated.

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Courses in marriage education and counseling are now offered at Ohio State University, leading to either the Master's or Doctor's degree. The program includes internship training in clinical marriage counseling.

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An excellent program of training in family life, health, and social relations is being offered this summer at three different centers in California. Write to the Advisory Committee, 125 Vale Avenue, San Francisco 16, for a descriptive folder. Fellowships are available.

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Reprints of three worthwhile articles on religion and psychiatry (including Catholic and Protestant views), from *The Journal of Psychiatric Social Work*, are available at 25 cents a copy from the Department of Pastoral Services, Federal Council of Churches, 297 Fourth Avenue, New York 10.

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"Spiritual Growth: Discovery, Acceptance and Nurture of the Child Within" was the subject of a conference on religion and psychiatry held in May at Philadelphia under the auspices of the Friends.

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Two new chaplaincies are available at state hospitals in Kansas. Duplicate applications should be submitted to Mr. Erlan Carlsson (801 Harrison, Topeka) and to the Rev. Milton Vogel, Kansas Council of Churches (633 Kansas Ave., Topeka). Total remuneration for each position will be approximately $5,000.

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The National Committee for Mental Hygiene (1790 Broadway, New York 19) has published a helpful booklet, *Strengthening Family Life by Educating for Family Living.* The author is Luther E. Woodward, clergyman and psychiatric caseworker. The cost is 20 cents.

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Conferences on marriage and the family were again held this year at both North Carolina College and the University of North Carolina. Gladys Hoagland Groves was in charge.

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The Yale School of Alcohol Studies is sponsoring two summer sessions, one at Yale and the other at Trinity University, San Antonio, Texas. Clergymen are eligible.